



Alameda Recreation & Park Department
2226 Santa Clara Avenue
Alameda, CA 94501 ~ (510) 747-7529



AQUATIC SPORTS 101

It's not always easy to find programs for aquatic sports. Have you ever wanted to brush up on stroke technique when you're swimming laps? Intrigued by water polo but don't know how to play? Want to play sports in high school, but not sure which one? Here's your chance to find out about one or both!

Instructor: Leslie Cortez & Island Athletes Staff

Dates: Monthly, ongoing (No class on 9/5, 11/11, 11/24, 11/25, 12/26, 1/2, 1/16)

Ages: 9 - 19 years of age (instructor's discretion required for anyone outside of this age range)

Cost: \$70.00 / month (Cash, check payable to ARPD, Mastercard or Visa)

Time: 7:00 p.m. - 8:00 p.m., Monday through Friday

Place: Emma Hood Swim Center, Alameda High School
2256 Alameda Avenue (at Oak Street)

Please complete and return form with payment (cash, check made payable to ARPD, MasterCard or VISA) by deadline date to the Alameda Recreation and Parks, 2226 Santa Clara Ave, Alameda 94501. FAX registrations accepted with VISA/MasterCard: (510) 523-4071. **SAVE YOUR RECEIPTS! THERE IS A \$5 SERVICE CHARGE PER RECEIPT TO REPRINT RECEIPTS.** *ARPD reserves the right to cancel programs due to low enrollment. Alternate programs may not be available.*

| Participant's Name - Last | First | (Complete if under 18) | | | | | M/F | Program/Class Title | Fee | Month |
|---------------------------|-------|------------------------|-----|-----------|--|--|-----|---------------------|-----|-------|
| | | Grade | Age | Birthdate | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Adult's Name _____ Home Phone _____
Address _____ Work Phone _____
City _____ Zip _____ Cell Phone _____

☐ MasterCard ☐ VISA Card Number _____ Exp Date _____
☐ Check ☐ Cash Cardholder Name _____

MEDICAL RELEASE: I do hereby give permission for any certified emergency professional to administer any type of medical treatment he/she deems necessary to the above child(ren) in case of an emergency and in the event that I cannot be contacted.

Parent/Guardian's Signature _____ Date _____
Doctor's Name _____ Address _____ Phone _____
Insurance Company _____ Policy # _____
Allergies, Medication, Existing Medical Condition _____
Emergency Contact Person _____ Relationship _____ Phone _____

THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES AND DISCHARGES THE CITY OF ALAMEDA, its directors, officers, employees, agents, and independent contractors from all liability to the undersigned and/or his/her personal representatives, assignees, heirs, and next of kin for any loss or damage and any claims or demands accruing or resulting from injury to the person or property or death of the undersigned, whether or not caused by the negligence and/or property or the City of Alameda, its directors, officers, employees, agents, and independent contractors.

2. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, whether or not it is due to the negligence of the City of Alameda, its directors, officers, employees, agents, and independent contractors or otherwise while in, upon or about the premises of the City of Alameda and/or while using the premises or facilities or equipment thereon.

3. THE UNDERSIGNED HEREBY PERMITS the taking of photographs of themselves and/or the participant by the City of Alameda during recreation classes or activities to be used at the City's discretion.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement has been made. **I HAVE READ THIS RELEASE.**

SIGNATURE (Parent/Guardian sign for youth under 18) _____ DATE _____